MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore (92-d)

CERTIFICATE OF DEATH

12748

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town Upper Cross Roads

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 years

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Upper Cross Rd

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Wm Joseph Adams

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widower

6.(b) Name of husband or wife Mary Elizabeth Agnes

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1858

8. AGE:

Years	Months	Days	If less than one day
83	1	24	hrs. min.

9. Birthplace Mill Green, Harford Co. Md

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER

12. Name Samuel P. Adams

13. Birthplace Mill Green, Har. Co. Md

MOTHER

14. Maiden name Mary Robinson

15. Birthplace Harford Co. Md

16. Informant Geo. T. Adams

Address Fallston, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 8, 1940 (month) (day) (year)

Cemetery or crematory Highland Presbyterian

Location Street, Md.

18. Funeral director E. G. Kurtz & Son

Address Jarrettsville, Md.

19 Dec 8 1940 Thomas R Brown

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1940, at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1940, to Dec 5 1940

and that I last saw h[illegible] alive on Dec 5 1940

	DURATION
Immediate cause of death Bronchs-Pneumonia	2 days
Due to Chronic Valvular Heart Disease	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wallace M. Hammett M. D. or other

Address Baldwin Date signed 12-6-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (64c)

CERTIFICATE OF DEATH

12749

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Near Forest Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Forest Hill Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Barnett Harper Black

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife Laura Virginia
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/17/1881

8. AGE: Years 59 | Months 3 | Days 12 | If less than one day hrs. min.

9. Birthplace Chestnut Hill – Harford – Md.
(Town, county, and state)

10. Usual occupation Truck Farmer

11. Industry or business

FATHER
12. Name Harper Black
13. Birthplace Ohio

MOTHER
14. Maiden name Josephine Clark
15. Birthplace Harford Co.

16. Informant Elizabeth M. Black
Address Forest Hill, Harford Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 31, 1940 (month) (day) (year)
Cemetery or crematory Centre
Location Forest Hill, Md.

18. Funeral director E. G. Kurtz and Son
Address Jarrettsville Md.

19. Dec 31 1940 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION approx.

20. DATE OF DEATH Dec. 29 1940, at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Gunshot wound of head	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of Dec. 29, 1940
Where did injury occur? Forest Hill (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Shotgun Injured at work? No

23. SIGNATURE J. A. Ramsey M. D.
Deputy Medical Examiner
Address Aberdeen, Md. Date signed Dec. 29, 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (154)

CERTIFICATE OF DEATH

12750

Reg. Dist. No. 182

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County: Harford

City or town: Near Forest Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Forest Hill, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Laura Virginia Black

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Barnet Harper Black

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 19, 1881

8. AGE: Years: 59 Months: 11 Days: 10 If less than one day: hrs. min.

9. Birthplace: near Jarrettsville Harford Co., Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Benjamin Mason

13. Birthplace: Jarrettsville, Md.

MOTHER 14. Maiden name: Anna Elizabeth Deroe

15. Birthplace: Near Forest Hill, Md.

16. Informant: Elizabeth Black

Address: Forest Hill, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 31, 1940 (month) (day) (year)

Cemetery or crematory: Centre

Location: Forest Hill, Md.

18. Funeral director: E. B. Kurtz and Son

Address: Jarrettsville, Md.

19. Dec 31 1940 (Date rec'd by registrar) W. C. Richardson Registrar

MEDICAL CERTIFICATION approx

20. DATE OF DEATH: Dec. 29 1940, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Gunshot wound of Head	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: probably accidental Date of injury: Dec. 29, 1940

Where did injury occur? Forest Hill (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Shotgun Injured at work? No

23. SIGNATURE: J. H. Ramsey M. D.

Deputy Medical Examiner

Address: Aberdeen, Md. Date signed: Dec. 29, 1940

RECEIVED
JAN 4 1941
BUREAU V. S.

This man was brought to hospital in unconscious condition & never rallied, so - no data, other than this.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83-02)

CERTIFICATE OF DEATH

12751

Reg. Dist. No. 183

1. PLACE OF DEATH:

County: Harford

City or town: Havre De Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 das.

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? 42 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Unknown

City or town: Unknown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Henry Bondie

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Unknown

6.(b) Name of ~~husband or~~ wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Unknown 1880

8. AGE:

Years	Months	Days	If less than one day
60			..... hrs. ..... min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records.
Address: Havre de Grace - md.

17. Burial. Date thereof: Dec. 23-40.
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)

Cemetery ~~or crematory~~: County Cemetery.

Location: Havre de Grace - md.

18. Funeral director: Pennington & Son.
Address: Havre de Grace - md.

19. Dec 23rd 1940 James H. Bey M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 22nd 1940 at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death ..... DURATION

Due to: Cerebral Hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. S. Lewis M.D.
M. D. or other

Address: Havre de Grace Md. Date signed: 12-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12752

Reg. Dist. No. 181

1. PLACE OF DEATH:
County: Harford
~~City~~ or town: Aberdeen Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 79 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Aberdeen Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Margarett F. Boyle

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Cromwell Boyle
Dead 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 5, 1861

8. AGE: Years 79 | Months 5 | Days 14 | If less than one day ..... hrs. ..... min.

9. Birthplace: Harford Co., Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: at Home

FATHER
12. Name: James F. Aberland
13. Birthplace: Harford Co., Md.

MOTHER
14. Maiden name: Susan Greenland
15. Birthplace: Harford Co., Md.

16. Informant: Mrs. Margarett McCommons
Address: 607 Green St. Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 22 1940 (month) (day) (year)
Cemetery or crematory: Smith Chapel Cem.
Location: Harford Co., Md.

18. Funeral director: H. L. Bailey
Address: Darlington, Md.

19. Dec 20 1940 (Date rec'd by registrar) Bertha B. Knight Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 19 1940, at 11½ M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 8 1940, to Dec 19 1940
and that I last saw her alive on Dec 18 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	10 da.
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: L. P. Snodgrass M. D. or other
Address: Darlington Date signed: 12/19/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12753

Reg. Diat. No. 183

1. PLACE OF DEATH:
County Hospital
City or town Jarrettsville Md
(If outside city or town limits, write RURAL and give nearest towe)
How long in above place of death? about 35 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Jarrettsville Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rnral, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Hugh Francis Bradley

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widower

6.(b) Name of husband or wife Mary Neuman Bradley
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 18 1867

8. AGE: Years	Months	Days	If less than one day
73	1	18	____ hrs. ____ min.

9. Birthplace County Sligo Ireland (Town, county, and state)
10. Usual occupation Medical Doctor
11. Industry or business

FATHER
12. Name David Bradley
13. Birthplace Ireland

MOTHER
14. Maiden name Maria Tahaney
15. Birthplace Ireland

16. Informant Mrs Harry Kent
Address Jarrettsville md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 9 (month) (day) (year)
Cemetery or crematory St Johns
Location Forest Green md

18. Funeral director E. G. Kenly & Son
Address Jarrettsville Md

19. Dec. 9 1940 Thomas R Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5, 1940, at 10 45 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 1 1940, to Dec 5 1940
and that I last saw h[illegible] alive on Dec 5 1940

Immediate cause of death	DURATION
Coronary Thrombosis	2-5 hr
Due to	
Due to	
Other conditions Gen. Arteriosclerosis. Chr. Cholecystitis, prostatic hypertrophy	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Willard S. Hudson M. D. or other
Address Forest Hill, Md Date signed 12/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1941
BUREAU V. S.

12754

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

Reg. Diat. No. 182

1. PLACE OF DEATH:
County Harford
City or town Forest Hill, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Forest Hill Rural Route
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME Emma L. Bull

3.(b) Social Security Number No

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or wife: Wm. Bull
Dead
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): May 9 1892
8. AGE: Years 48 Months 6 Days 27 If less than one day ... hrs. ... min.
9. Birthplace: Harford Co., Md. (Town, county, and state)
10. Usual occupation: Dress-maker
11. Industry or business: at Home
FATHER 12. Name: Hall Grafton
13. Birthplace: Harford Co., Md.
MOTHER 14. Maiden name: Anna Jones
15. Birthplace: York Co., ~~Md.~~ Penna
16. Informant: Edwin Grafton
Address: Forest Hill, Md. R.D.
17. Buried (Burial, cremation, or removal, with?) Date thereof Dec. 9 1940 (month) (day) (year)
Cemetery or crematory: Rock Spring Cem.
Location: Harford Co., Md.
18. Funeral director: H. S. Bailey
Address: Darlington, Md.
19. 12-9 1940 (Date rec'd by registrar) V. E. Chambers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec - 6 1940 at 11 30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 8 1939 to March 30 1940 and that I last saw h.e.r. alive on March 30 1940

	DURATION
Immediate cause of death: Cerebral embolism	Instant
Due to: Arteriosclerotic Cardiovascular disease	3 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Leroy C. Palmer M.D.
Address: Bel Air, Md. Date signed Dec 6 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

CERTIFICATE OF DEATH

12755

Reg. Dist. No. 18-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford -
City or town Havre de Grace -
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) nearly all life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford.
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Gerard St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Archer W. Bullock -

3. (b) Social Security Number [redacted]

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male.	white.	Married.

6 (b) Name of husband or wife Anna Kelly Bullock.
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 28- 1880

8. AGE:

Years	Months	Days	If less than one day
60	11	12.	— hrs. — min.

9. Birthplace nr. Port Deposit - Cecil Co, Md.
(Town, county, and state)
10. Usual occupation Waterman.
11. Industry or business —

FATHER
12. Name Winfield S. Bullock.
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden name Frances Todd
15. Birthplace Aberdeen - Md.

16. Informant Mrs. Archer Bullock -
Address Havre de Grace - Md.

17. Burial - Date thereof Dec. 13 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Angel Hill Cem.,
Location Havre de Grace - Md.

18. Funeral director Pennington & Son,
Address Havre de Grace - Md.

19. Dec 12th 1940 James H. Bay RS
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11th 1940, at 2:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9th 1940, to Dec 11th 1940, and that I last saw h alive on Dec 11th 1940

Immediate cause of death Lobar Pneumonia — DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE T. A. Steiner, M. D. or other
Address Havre de Grace Md. Date signed 12-11-40

RECEIVED
JAN 6 1941
BUREAU V. S.

12756

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH

County Harford

City or town Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Dead on arrival

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? Dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County

City or town Marshall Hall - Chas.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Maldonough Tuston Cloward

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1930

8. AGE:

Years	Months	Days	If less than one day
10	4	16	hrs. min.

9. Birthplace Quiriqua, Guatemala
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Thomas Cloward
13. Birthplace Washington, D.C.

MOTHER
14. Maiden name Ann Gillespie
15. Birthplace Port Deposit, Md.

16. Informant Thomas Cloward
Address Marshall Hall, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 24, 1940
(month) (day) (year)

Cemetery or crematory Brandywine

Location Wilmington Dela.

18. Funeral director Lee A. Patterson
Address Perryville, Md

19. Dec 22nd 1940 James H Bay MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1940, at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19

and that I last saw h alive on 19

Immediate cause of death Fracture of Skull and Cervical Vertebra

Due to auto accident.

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Dec. 21, 1940

Where did injury occur? Principio (City or town) Cecil (County) Md. (State)

Injured at home, farm, industry, public place (where?) Route # 40

Means of injury Automobile Injured at work? No

23. SIGNATURE J H Ramsey M.D. Deputy Medical Examiner

Address Aberdeen, Md. Date signed 12/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12757

Reg. Dist. No. 183

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 days
Hospital, institution, or street address where death occurred: Harford Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Perryville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Clarence Cooper

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Helen Cooper
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 14. 1896

8. AGE: Years	Months	Days	If less than one day
44	8	22	..... hrs. ..... min.

9. Birthplace Virginia (town, county, and state)
10. Usual occupation Contractor
11. Industry or business

FATHER
12. Name James Cooper
13. Birthplace Virginia

MOTHER
14. Maiden name Angalette Havey
15. Birthplace Virginia

16. Informant Hospital Records
Address Havre-de Grace Md.

17. Burial, cremation, or removal. Which? Burial Date thereof Dec 9th (month) (day) (year)
Cemetery or crematory Mt. Hope Cemetery
Location Fauquier Co - Remington Va.

18. Funeral director Lee A. Patterson
Address Perryman - Cecil. Co -

19. Dec 7th 1940 (Date rec'd by registrar) James H. Bay M D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1940, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 26 1940, to Dec 6 1940
and that I last saw h.. alive on Dec 6 1940

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Ruptured Left Lung	
Due to Accidental Fall	
Due to Injury: Fell while demolishing old buildings Broke rt. rib	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of
Where did injury occur? Havre de Grace, Harford, Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Industry
Means of injury Accidental Fall Injured at work? yes.

23. SIGNATURE [signature] M. D. or other
Address Havre de Grace Md. Date signed 12-9-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

12758

Reg. Diat. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Pylesville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Pylesville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Amos Hughes Day

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Amanda Day

6.(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): March 17 1855

8. AGE: Years: 85 | Months: 9 | Days: 1 | If less than one day: hrs. min.

9. Birthplace: Pylesville Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER — 12. Name: Amos Day

13. Birthplace: Md

MOTHER — 14. Maiden name: Harriet Foard

15. Birthplace: Md.

16. Informant: Blanche Brown

Address: Pylesville Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof: Dec 21 (month) (day) (year)

Cemetery or crematory: Friends

Location: Farmington Pa

18. Funeral director: H. Harvey Hess

Address: Farmington Pa

19. Dec 21 1940 (Date rec'd by registrar) Thomas R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 18 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11 1940, to Dec 17 1940 and that I last saw h.m. alive on Dec 17 1940

Immediate cause of death	DURATION
Chronic myocarditis	7
Y. Nephritis	
Due to	
Due to	
Other conditions arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Edward A. Hyson M. D. or other

Address: Fawn Grove, Pa. Date signed: Dec. 15, '40

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

12759

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? One day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME Fritz Ehrlet

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 1866

8. AGE: Years: 74 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Fisherman

11. Industry or business: "

FATHER — 12. Name: Unknown

FATHER — 13. Birthplace: "

MOTHER — 14. Maiden name: "

MOTHER — 15. Birthplace: "

16. Informant: Mrs. C. H. Wilson

Address: Aberdeen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 18-1940 (month) (day) (year)

Cemetery or crematory: St Paul Lutheran

Location: Perryman Md

18. Funeral director: Henry Taring & Sons

Address: Aberdeen Md

19. Dec 17th 1940 (Date rec'd by registrar) James H. Baynard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 16th 1940, at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 16 1940, to Dec. 16th 1940, and that I last saw h~~e~~ alive on December 16th 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to: Chronic Nephritis	
Due to: Diabetes Mellitus	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M. D., or other

Address: Havre de Grace Date signed 12-19-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12760

Reg. Diat. No. 188

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A15

1. PLACE OF DEATH:
County: Harford
City or town: Havre De Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Harford Memorial Hospital
How long in hospital or institution? 2 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Port Deposit.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Harry Madison Flaharty.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Mary Flaharty
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): September 19- 1894

8. AGE: Years	Months	Days	If less than one day
46	2	20	..... hrs. ..... min.

9. Birthplace: Pleasant Grove Lancaster Co. Pa
(Town, county, and state)
10. Usual occupation: Painter & Paper Hanger.
11. Industry or business
FATHER 12. Name: Harvey Flaharty
13. Birthplace
MOTHER 14. Maiden name: May P Phillips
15. Birthplace: Maryland
16. Informant: Hospital Records.
Address: Havre de Grace. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 12, 1940 (month) (day) (year)
Cemetery or crematory: Pleasant Grove
Location: Pleasant Grove Lancaster Co Pa
18. Funeral director: Lewis Patterson
Address: Perryville, Md.
19. Dec 10th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 9th 1940, at 9:07 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral Concussion	
Double fracture of Skull	
Due to	
Due to	
Other conditions: Compound Fracture Rt-Leg.	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 12/7/40
Where did injury occur? Port Deposit (City or town) Cecil (County) Md (State)
Injured at home, farm, industry, public place (where?): Street
Means of injury: Hit by auto Injured at work? No

23. SIGNATURE: J. H. Lawrence M.D.
Deputy, Medical Examiner
M.D. or Coroner
Address: Aberdeen, Md. Date signed: 12/9/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

12761

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Aberdeen Proving Ground

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Aberdeen Proving Ground Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Prudence Flynn

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife D. Frank Flynn

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 1856

8. AGE: Years 84 Months 3 Days If less than one day hrs. min.

9. Birthplace East Boston, Suffolk Co., Mass.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Charles P Pike

13. Birthplace ~~mobile, alabama~~ England

MOTHER

14. Maiden name Nora S. Pike

15. Birthplace ~~mobile, alabama~~ England

16. Informant John Wilson

Address Aberdeen Proving Ground, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 21 - 1940 (month) (day) (year)

Cemetery or crematory St. Joseph

Location West Roxbury Mass

18. Funeral director Henry Tarring Sons

Address Aberdeen Md.

19. 12/21/40 19 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1940, at 1 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 16 1940, to Dec. 21 1940, and that I last saw her alive on Dec. 16 1940.

Immediate cause of death Cardiac failure

Due to Chronic myocarditis Cerebr. R. Duration: five years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION 2 yrs.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Robert C. Rauscher, 1st Lt. M.C. M. D. or other

Address Aberdeen Proving Ground Md. Date signed Dec 21/1940

RECEIVED
JAN 4 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12762

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? 40 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3805 Penhurst Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Robert Henry Forrester

3.(b) Social Security Number 213-03-6898

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife Catherine Forrester

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec - 1 - 1904

8. AGE:

Years	Months	Days	If less than one day
36		10	..... hrs. ..... min.

9. Birthplace Baltimore - Balto. Co. Md
(Town, county, and state)

10. Usual occupation Salesman.

11. Industry or business

FATHER
12. Name James Forrester.
13. Birthplace Balto. Md.

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown.

16. Informant Harford Memorial Hospital.
Address Havre de Grace - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 14 - 40 (month) (day) (year)

Cemetery ~~or crematory~~ Cathedral Cemetery.

Location Baltimore Md.

18. Funeral director Pennington & Son.
Address Havre de Grace Md.

19. Dec 11 - 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11, 1940 at 2:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 18..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death ..... DURATION

Shock, cerebral concussion

Due to probable fractured skull

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12/11/40

Where did injury occur? Aberdeen (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) Route # 40

Means of injury Auto accident Injured at work? No

23. SIGNATURE J H Ramsey M.D. Deputy Medical Examiner M. D. or Chief

Address Aberdeen, Md. Date signed 12/11/40

RECEIVED
DEC 16 1940
BUREAU V. S.

12763

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Mo-2)

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 das.
Hospital, institution, or street address where death occurred: Harford Memorial Hospital
How long in hospital or institution? 3 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Castleton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Noah Hedrick

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	divorced

6.(b) Name of husband or wife
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) January 18, 1879

8. AGE: Years	Months	Days	If less than one day
61	10	16	hrs. min.

9. Birthplace York Co. Pa
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Jacob F. Hedrick
13. Birthplace York Co., Pa.
MOTHER 14. Maiden name Elizabeth Keller
15. Birthplace York Co., Pa.
16. Informant Hospital Records
Address Havre de Grace, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Dec. 8-1940 (month) (day) (year)
Cemetery ~~or crematory~~ Darlington Cemetery
Location Darlington - Md.
18. Funeral director Herbert Bailey
Address Darlington - Md.
19. Dec-6-1940 (Date rec'd by registrar) James H. Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1940 at 2:35 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19
Immediate cause of death Cerebral Concussion
Shock
Due to Compound fracture Rt. Leg.
Due to
Other conditions Laceration of Scalp & Fracture of Rt. Arm.
(Include pregnancy within 3 months of death)

DURATION: 3 days; 3 days

Major findings of operations
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 12/1/40
Where did injury occur? near Darlington (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) Route #1
Means of injury Struck by auto Injured at work? no

23. SIGNATURE J. H. Lamsey M.D. Dep. Medical Exam. M.D. or other
Address Aberdeen, Md. Date signed 12/5/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12764

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution: 726 So. Washington St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 18 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Havre de Grace Ward No.
(If outside city or town limits, write RURAL, NEAR and give town)
Street No.: 726 So. Washington St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Anna Bell Hoffman

3. (b) Social Security Number: no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: George W. Hoffman
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 12, 1871

8. AGE:

Years	Months	Days	If less than one day
69	9	27	____ hrs. ____ min.

9. Birthplace: Havre de Grace Md. (Town, county, and state)
10. Usual occupation: Home Wife
11. Industry or business: Home

FATHER
12. Name: Wm Crowe
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary Ellen Burk
15. Birthplace: Balto. Md.

16. Informant: Mrs. Ella C. Barnes
Address: Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 11, 1940 (month) (day) (year)
Cemetery or crematory: Druid Ridge
Location: Balto. Co. Md.

18. Funeral director: T. Madison Mitchell
Address: Havre de Grace, Md.

19. Dec. 10th 1940 (Date rec'd by registrar) Jennie H. Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 9 1940, at 8 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1940 to Dec. 9 1940, and that I last saw her alive on Dec. 9 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 1 hr

Due to: Hypertension

Due to: Arteriosclerosis

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: T. M. Steiner M. D. or other
Address: Havre de Grace Md. Date signed: 12-10-40

RECEIVED
DEC 16 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12765

83-a

1. PLACE OF DEATH

County Harford Registration Dist. No. 182

Village or City Emmorton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James P. Hurley If U. S. Veteran, specify WAR —

(a) Residence: No. Emmorton Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L Bivins

6. DATE OF BIRTH (month, day, and year) Apr 5-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME John Hurley

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Margaret Devereux

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Eva Magners (Address) Bel Air RD #2

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Emmorton

Place Burial Date Dec 3, 1940

19. UNDERTAKER Degan & Foster (Address) Bel Air Md

20. FILED Dec 2, 1940 M. E. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 1 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1935 to Dec 1940

I last saw him alive on Nov 30 1940; death is said to have occurred on the date stated above, at 12 45 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1 Hypertension	1935
Cerebral Hemorrhage	1939
" "	Nov 30 - 40

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury , 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Roth M. D.

(Address) Edgewood Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

JAN 4 1941
BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(117-0)

12766

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 701 Lewis Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Regis Jackson

3.(b) Social Security Number 159 09 2966

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Vivian Jackson

6.(c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) September 10 - 1909

8. AGE:

Years	Months	Days	If less than one day
31	2	29	...hrs. ...min.

8. Birthplace Pennsylvania

(Town, county, and state)

10. Usual occupation Machinist

11. Industry or business Tool Maker

FATHER 12. Name Thomas B. Jackson

13. Birthplace Pennsylvania

MOTHER 14. Maiden name Mary Jane Savage

15. Birthplace England

16. Informant Hospital Records

Address 701 Lewis Ave, Havre de Grace

17. (Burial, ~~cremation, or removal~~ Which?) Burial - Date thereof Dec 13 40. (month) (day) (year)

Cemetery ~~or crematory~~ McKeesport Cemetery.

Location McKeesport - Pa.

18. Funeral director Pendergrass Bros.

Address Havre-de-Grace - Md.

19. Dec 14 1940 (Date rec'd by registrar) James H. Bay Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1940 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 7 1940, to December 8 1940 and that I last saw him alive on December 8 1940

	DURATION
Immediate cause of death: Peritonitis	2 days
Due to: perforated	
Due to: Gastric ulcer	4 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ruptured gastric ulcer & peritonitis Date of op. Dec 8 1940

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Willett M.D. M. D. or other

Address Havre de Grace Md. Date signed Dec 8, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 21 1940
BUREAU V. S.

12767

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford

City ~~or town~~: Havre de Grace - Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

~~Hospital, institution~~, or street address where death occurred: Lewis St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland, County: Harford.

City ~~or town~~: Havre de Grace.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Lewis St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Wilmer James.

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
male	colored	Married.

6.(b) Name of ~~husband or~~ wife: Mary Parker James

6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Dec. 20 - 1873.

8. AGE:

Years	Months	Days	If less than one day
67	11	14	hrs. min.

9. Birthplace: Havre de Grace - Harford Co. Md.
(Town, county, and state)

10. Usual occupation: Labor -

11. Industry or business: —

FATHER
12. Name: Charles James.
13. Birthplace: Churchville - Md.

MOTHER
14. Maiden name: Mary Brookes
15. Birthplace: Brooklyn. N.Y.

16. Informant: Mrs. Wilmer James.
Address: Havre de Grace - Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: Dec. 9 - 40 (month) (day) (year)

Cemetery ~~or crematory~~: St. James A.M.E. Cemetery

Location: Havre de Grace - Md.

18. Funeral director: Pennington & Son.
Address: Havre de Grace - Md.

19. Dec. 7th 1940
(Date rec'd by registrar)

James H. Bay M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 5 1940 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1940 to Dec 5 1940 and that I last saw him alive on Dec 5 1940.

Immediate cause of death: Carcinoma Stomach

Due to:

Due to: Carcinomatosis

Other conditions: Cachexia

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Chas. J. Foley M.D.
M. D. or other

Address: Havre de Grace — Date signed: Dec. 12/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1702)

CERTIFICATE OF DEATH

12768

Reg. Dist. No. 185

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Dead on arrival

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? Dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

Street No. 503 S. Washington - St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME John Robert Krebs

3. (b) Social Security Number 216-05-3165

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married.

6.(b) Name of husband or wife: Mary A. Krebs.

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): April 14 - 1901

8. AGE: Years	Months	Days	If less than one day
39	8	13	..... hrs. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: machinist.

11. Industry or business: —

FATHER — 12. Name: Charles Krebs.

13. Birthplace: Balto., Md.

MOTHER — 14. Maiden name: Unknown.

15. Birthplace: Unknown.

16. Informant: Mrs. Mary A. Krebs.

Address: Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 31-1940 (month) (day) (year)

Cemetery or crematory: Woodlawn Cemetery

Location: Baltimore, Md.

18. Funeral director: Pennington & Sons,

Address: Havre de Grace - Md.

19. Dec. 30th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 28 1940, at 7:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Basal Fracture of Skull — DURATION

Due to: .....

Due to: .....

Other conditions: .....

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 12/28/40

Where did injury occur? Near Havre de Grace - Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route #40

Means of injury: Automobile Injured at work? No

23. SIGNATURE: J. H. Lawney M.D. Deputy Coroner for Harford County

Address: Aberdeen, Md. Date signed: 12/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a1

CERTIFICATE OF DEATH

12769

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Abingdon
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Edgewood R. D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Landers

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband or wife Molly Landers

7. Birth date of deceased (mo., day, yr.) Feb 22 18

6(c) If alive, give age ____ years

8. AGE: Years 76 Months 11 Days 6 If less than one day ____ hrs. ____ min.

9. Birthplace Feb 22 Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant John Landers
Address 3518 Roland ave

17. Burial Date thereof Dec. 31 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Abingdon,
Location Abingdon, Md.

18. Funeral director Howard K. McComa,
Address Abingdon, Md.

19. Dec. 29 1940 Emily M. Shipley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1940, at 6 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 9 1940, to Dec 28 1940, and that I last saw h alive on Dec 27 1940.

	DURATION
Immediate cause of death Coronary Thrombosis 9-9-40	
Due to Arterial sclerosis	Years
Due to	
Other conditions Chronic Asthma and emphysema.	10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ted O Hodous M.D.
M. D. or other
Address Edgewood, Md Date signed 12-28-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73d)

CERTIFICATE OF DEATH

12770

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Havre De Grace, Md. Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Havre De Grace Md Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Wm. Sidney Lee

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widower

6.(b) Name of husband or wife: Ella Lee

6.(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): June 2 1853

8. AGE: Years	Months	Days	If less than one day
87	6	6	hrs. min.

9. Birthplace: Harford Co Md
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: On Farm
FATHER 12. Name: Isaac Lee
13. Birthplace: Baltimore Md
MOTHER 14. Maiden name: Jane Darsey
15. Birthplace: Harford Co., Md
16. Informant: Mrs Jannie Daugherty
Address: Havre De Grace, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof: Dec 11, 1940 (month) (day) (year)
Cemetery or crematory: Green Spring Cem
Location: Harford Co. Md
18. Funeral director: H. S. Bailey
Address: Darlington Md
19. Dec 9 1940 (Date rec'd by registrar) Beulah B Knight Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 8 1940 at 4 17 m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1940, to Dec 8 1940 and that I last saw h... alive on Dec 7 1940

Immediate cause of death	DURATION
Cardiac Decompensation	
Due to: Chronic myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R L Lewis MD M. D. or other
Address: Havre De Grace Md Date signed 12-9-40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

WITHIN CORPORATE LIMITS of?

CERTIFICATE OF DEATH

12771

Reg. Dist. No. 183

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 353 Giles Street
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 50yr

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Harford
City or town Havre de Grace (If outside city or town limits, write RURAL NEAR and give town) Ward No.
Street No. 353 Giles Street (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sarah Magowan Lyon

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife A. Lincoln Lyon

6(c) If alive, give age YES 76 years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1866

8. AGE: Years	Months	Days	If less than one day
74	0	11	— hrs. — min.

9. Birthplace N. J. (Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business Home

FATHER 12. Name Robert M. Magowan

13. Birthplace Pennsylvania

MOTHER 14. Maiden name Sarah Stone

15. Birthplace N. J.

16. Informant Mrs. A. L. Lyon

Address 353 Giles Street Hdg. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 1, 1941 (month) (day) (year)

Cemetery or crematory Angel Hill

Location Havre de Grace, Md.

18. Funeral director T. Madison Mitchell

Address Havre de Grace, Md.

19. Jan. 1st 1941 (Date rec'd by registrar) James L. Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1940, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 11 1940 to Dec. 30 1940, and that I last saw h[illegible] alive on Dec. 30 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 4 Days

Due to Arterio Sclerosis

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Dt operations —

Dt autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE T. W. Steiner M. D. or other

Address Havre de Grace Md. Date signed Jan 1st 1941

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

RECEIVED
JAN 6 1941
BUREAU V. S.

12772

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-A

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County: Harford.

~~City or~~ town: Perryman.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all his life.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford.

City ~~or town~~: Havre de Grace.
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Daniel P. McDonald.

3. (b) Social Security Number: 716 01 8205

4. Sex: male

5. Color or race: white

6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married.

6.(b) Name of ~~husband or~~ wife: Agnes M. McDonald.

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Nov. 2 - 1874.

8. AGE: Years: 66 | Months: 1 | Days: 24 | If less than one day: — hrs. — min.

9. Birthplace: Perryman - Md.
(Town, county, and state)

10. Usual occupation: Penna Machine Shops, Wilm. Del.

11. Industry or business: —

FATHER
12. Name: Patrick McDonald.
13. Birthplace: Ireland.

MOTHER
14. Maiden name: Catherine McDonald.
15. Birthplace: Ireland.

16. Informant: Mrs. Agnes M. McDonald.
Address: Perryman - Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: Jan. 2-41.
(month) (day) (year)

Cemetery ~~or crematory~~: Mt. Erin Catholic Cem.

Location: Havre de Grace, Md.

18. Funeral director: Pennington & Son.
Address: Havre de Grace - Md.

19. 1 - 2 1941
(Date rec'd by registrar)

O. C. Michael
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 30, 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 3 1940, to Dec. 30, 1940.
and that I last saw him alive on Dec 30 1940.

Immediate cause of death	DURATION
Carcinoma Larynx	
Due to Carcinoma Glands of neck	
Due to Cachexia	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma Laryngeal
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Charles J. Foley M.D.
M. D. or other

Address: Havre de Grace Md. Date signed: 1/1/41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-A)

CERTIFICATE OF DEATH

12773

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Whiteford

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town N. Whiteford Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry L. Murphey

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Essie D. Murphey

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feb. 11 - 1876

8. AGE: Years	Months	Days	If less than one day
64	10	20	hrs. min.

9. Birthplace Caroline Co. Md.

(Town, county, and state)

10. Usual occupation Minister

11. Industry or business

FATHER 12. Name Wm. Murphey

13. Birthplace Caroline Co. Md.

MOTHER 14. Maiden name Sarah Smith

15. Birthplace Caroline Co. Md.

16. Informant Essie D. Murphey

Address Whiteford, Md.

17. Salisbury, Md. Date thereof Jan. 3, 1941

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury, Md.

18. Funeral director Holloway & Co.

Address Salisbury, Md.

19. Jan. 2 1941 H. J. S. McNabb.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31st 1940, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 26th 1940, to December 31st 1940, and that I last saw h- alive on December 30th 1940

Immediate cause of death	DURATION
Coronary Thrombosis	12/26/40
Arterio sclerotic cardio-vascular disease.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Josiah A. Hunt, M.D.

M. D. or other

Address Cardiff, Md. Date signed 12/31/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (95-C)

12774

CERTIFICATE OF DEATH

Reg. Dist. No. 187

1. PLACE OF DEATH:
County: Harford
City or town: Whiteford, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Whiteford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Theodore H. Norris
3. (b) Social Security Number: no

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of ~~husband~~ or wife: Mary A. Norris
6(c) If alive, give age: 75 years
7. Birth date of deceased (mo., day, yr.): Jan. 22, 1865

8. AGE: Years 75 | Months 11 | Days 5 | If less than one day ___ hrs. ___ min.

9. Birthplace: Cecil Co. Md.
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business
FATHER
12. Name: Matthew Norris
13. Birthplace: Harford Co. Md.
MOTHER
14. Maiden name: Susan Giffin
15. Birthplace: Cecil Co. Md.
16. Informant: Mrs. Chas. Bostick
Address: Pylesville, Md.
17. Burial (Burial, ~~cremation~~, or ~~removal~~. Which?) Date thereof: Dec. 29, 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Slate Ridge
Location: near Delta, Pa.
18. Funeral director: Hubert P. Harkins
Address: Delta, Pa.
19. Dec. 29, 1940 (Date rec'd by registrar) H. J. S. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 27th 1940, at 6 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Saw him 19 after death 19
and that I last saw him alive dead Dec 27th 1940
Immediate cause of death: Angina Heart
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H. E. Arthur M. D. or other
Address: Landiff Md. Date signed: Dec. 29, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-D)

CERTIFICATE OF DEATH

12775

Reg. Dist. No. 184

1. PLACE OF DEATH:

County Harford

City or town Whiteford, R.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Whiteford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John A. Orr

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Clara H. Orr

Not living 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 4, 1870

8. AGE: Years 70 | Months 4 | Days 17 | If less than one day hrs. min.

9. Birthplace: Lower Chanceford, York Co. Pa.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Robert Orr

13. Birthplace: York Co. Pa.

MOTHER 14. Maiden name: Margaret Edgar

15. Birthplace: York Co. Pa.

16. Informant: Kerbit Orr

Address: Delta, R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 19, 1940 (month) (day) (year)

Cemetery or crematory: Slate Ridge

Location: Near Delta, Pa.

18. Funeral director: Hubert P. Harkins

Address: Delta, Pa.

19. Dec 18, 1940 (Date rec'd by registrar) H. J. S. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 16, 1940, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15, 1935, to Dec. 16, 1940, and that I last saw him alive on Dec. 16, 1940

Immediate cause of death	DURATION
Left Hemiplegia	
following hypertension & arteriosclerosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Arthur M. D. or other

Address Cardiff, Md. Date signed Dec. 19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

12776

Reg. Dist. No. 181

1. PLACE OF DEATH:
County Harford
City or town Rural near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 27 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Rural near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna E Paca

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

B (b) Name of husband ~~or wife~~ John H. Paca

G(c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) April 16th 1874

8. AGE: Years 66 | Months 7 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace Darlington Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William Kenley

13. Birthplace Maryland

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs. John H. Paca

Address Aberdeen Md. R. F. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 14-1940 (month) (day) (year)

Cemetery or crematory Union M. E. Cemetery

Location Near Aberdeen Md

18. Funeral director Henry Tarring & Sons

Address Aberdeen Md.

19. Dec. 12 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11th 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1/40 1940, to Dec 12 1940, and that I last saw her alive on Dec 10 1940.

Immediate cause of death	DURATION
Chronic degeneration of heart.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas H. Steele M. D. or other

Address Aberdeen Md Date signed Dec 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

12777

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 650 Franklin St.
Stay in hospital or inst. (yrs., or mos., or days) 7
Stay in this community (yrs., or mos., or days) 70 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 650 Franklin St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Henry Rauscher

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie T. Rauscher
6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct. 2 1864

8. AGE:

Years	Months	Days	If less than one day
76	1	29	____hrs. ____min.

9. Birthplace Brooklyn, N. Y.
(Town, county, and state)
10. Usual occupation Baker
11. Industry or business Business

FATHER
12. Name Frederick Rauscher
13. Birthplace Germany

MOTHER
14. Maiden name Johana Bechtold
15. Birthplace Germany

16. Informant Mrs. Anna T. Rauscher
Address Havre de Grace, Md.

17. Burial Date thereof Dec. 23 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Angel Hill Cem
Location Havre de Grace, Md.
18. Funeral director R. Madison Mitchell
Address Havre de Grace, Md.

19. Dec 23rd 1940 James H. Bey md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1940, at 8 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3 1939, to Dec. 20 1940, and that I last saw h-- alive on Dec. 20 1940.

	DURATION
Immediate cause of death Uremic Coma	
Due to Chronic Nephritis	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE James H. Bey M.D.
M. D. or other
Address Havre de Grace Md. Date signed 12-23-40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-D

12778

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Kirkwood (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Harford

City or town Kirkwood (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Walter Scott Robinson

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Married

6.(b) Name of husband or wife Jennie Robinson

Maryland 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 85 | Months | Days | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER 12. Name John Robinson

13. Birthplace Maryland

MOTHER 14. Maiden name Reshar

15. Birthplace Maryland

16. Informant Jennie Robinson

Address Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 4-1940 (month) (day) (year)

Cemetery or crematory St. Dominics

Location Kirkwood

18. Funeral director Hamberger & Gross

Address Benson, Md.

19. Dec 3rd 1940 N E Richardson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1940, at 9:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Dec 2 1940

and that I last saw him alive on Nov 30 1940

Immediate cause of death	DURATION
Chronic Myocardial Disease	?
Due to	
Due to	
Other conditions Generalized arterio-sclerosis (Include pregnancy within 3 months of death)	

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other

Address Forest Hill, Md Date signed 12-3-40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (98-2)

CERTIFICATE OF DEATH

12779

Reg. Diat. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre De Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? 1 da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Hugh F. Sully

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	single

B.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20 - 1866

8. AGE: Years	Months	Days	If less than one day
74	3	19	hrs. min.

9. Birthplace: New York

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant: Hospital Records.

Address: Hare-de-Grace- md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 10. 1940 (month) (day) (year)

Cemetery or crematory: Baker's cemetery

Location: Aberdeen, md.

18. Funeral director: Henry Taming Sons

Address: Aberdeen Md.

19. Dec 10th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 9th 1940, at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 8 1940, to December 9 1940 and that I last saw him alive on December 9 1940.

Immediate cause of death	DURATION
Cardiac Decompensation	
Due to: Chronic myocarditis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or Other

Address: Havre de Grace Md. Date signed 12-9-40

RECEIVED
JAN 6 1941
BUREAU V. S.

12780

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

Reg. Dist. No. 184

1. PLACE OF DEATH:

County Harford

~~City or~~ town Street

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 mo.

Hospital, institution, or street address where death occurred: Street, R. F. D.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Street Md Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Dorothy May Watters

3. (b) Social Security Number no

4. Sex: Female

5. Color or race: Colored Negro

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: None

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1940

8. AGE: Years | Months 10 | Days 18 | If less than one day ..... hrs. ..... min.

9. Birthplace Harford Co., Md (Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name John Bond
13. Birthplace Harford Co., Md

MOTHER
14. Maiden name Sarah Watters
15. Birthplace Harford Co., Md.

16. Informant Sarah Watters

Address Street, Md. Rural

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 27, 1940 (month) (day) (year)

Cemetery or crematory Clarks Chapel Cem

Location Harford Co., Md.

18. Funeral director H. S. Bailey

Address Darlington, Maryland.

19. Dec 26 1940 (Date rec'd by registrar) M. W. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1940, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Probably Lobar Pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Ramsey M. D. Deputy Med. Examiner

Address Aberdeen, Md. Date signed 12/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 6 1941
BUREAU V.S.